# PROCARD REFUND STATEMENT

Cardholder will complete this form if there is a refund on their monthly ProCard statement. Include this completed form in the monthly ProCard packet as supporting documentation for the refund.

Date of original purchase: Date of refund:

Vendor:

Description of item(s) refunded:

Reason for refund:

Is this a full or partial refund? Full [ ]  Partial [ ]

If this a partial refund, why is it not a full refund?

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Cardholder (Please Print) Signature of Cardholder and Date